

## SSPS SERVICE INVOICE (DSHS 08-141)

The *Social Service Payment System* (SSPS) *Service Invoice* is used to help you calculate your service units and communicate these units to DSHS. *Service Invoices* from SSPS/DSHS are printed on the 22nd (or the closest business day to the 22nd) for the current month. *Service Invoices* go to the post office late on the 22nd or the following business day.

Complete the *Service Invoice* to confirm the hours you worked during the month. You can report these hours either via mail or by telephone using Invoice Express (see page 15). You should not call or mail in your *Service Invoice* before you know what hours you have worked during the month.

*Service Invoices* called into Invoice Express or input into SSPS before 5 pm on the last business day of the month will be processed for payment the first business day of the **next** month. A check will typically be mailed to you the second business day of the next month.

*Service Invoices* processed before 5 pm each business day after the first business day of the next month after the services were performed, will be processed and typically mailed out the next business day.

Checks are not processed or sent out for services performed in the current month. For example, if you call in your May hours on May 24th, a check will not be processed for these services until after the first business day in June.

Any change reported after the 20th of the month may not take effect until the next month.

Do not call or mail in your *Service Invoice* before you know what hours you have worked.



Checks are never sent out for services performed in the current month.

# INVOICE

INVOICE NUMBER	PAGE	OF	PAYEE NUMBER
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PROVIDER NUMBER: \_\_\_\_\_ FOR MONTH ENDING: **10-31-03**

TO SIGN UP FOR DEPENDABLE DIRECT DEPOSIT, SEE INSTRUCTIONS. FOR PAYMENT ISSUES, INCLUDING TIMELINESS, SEE INSTRUCTIONS.



## HOW TO PROCESS YOUR INVOICE

Telephone invoice Express at 1-888-461-8855 and follow the instructions (recommended).

OR

Follow the instructions sent with this form. **Attach postage stamp(s) before mailing.**

## SOCIAL SERVICE PAYMENT SYSTEM (SSPS)

PAYEE

PROVIDER

1		SERVICE RECIPIENT <b>COPE PARTICIPATION</b>		SERVICES PERIOD 10/01/03 TO 10/31/03		AMOUNT AUTHORIZED \$160.00		AUTHORIZED RATE \$160.00		SERVICE UNIT MON		TOTAL UNIT 1		SCHOOL HOLIDAY CARE	
		SERVICE NAME				REFERENCE				MON		1			
CASE NUMBER		AUTHORIZATION		3		WORKER I.D.		REPORTING UNIT		SERVICE CODE		COLLECT AMOUNT SHOWN ABOVE FROM CLIENT			
2		SERVICE RECIPIENT <b>COPE PER CARE INDIV</b>		SERVICES PERIOD 10/01/03 TO 10/31/03		AMOUNT AUTHORIZED \$758.70		AUTHORIZED RATE \$8.43		SERVICE UNIT HRS		TOTAL UNIT 90		SCHOOL HOLIDAY CARE	
		SERVICE NAME				REFERENCE									
CASE NUMBER		AUTHORIZATION				WORKER I.D.		REPORTING UNIT		SERVICE CODE					
3		SERVICE RECIPIENT		SERVICES PERIOD		AMOUNT AUTHORIZED		AUTHORIZED RATE		SERVICE UNIT		TOTAL UNIT		SCHOOL HOLIDAY CARE	
		SERVICE NAME		TO		REFERENCE									
CASE NUMBER		AUTHORIZATION				WORKER I.D.		REPORTING UNIT		SERVICE CODE					
4		SERVICE RECIPIENT		SERVICES PERIOD		AMOUNT AUTHORIZED		AUTHORIZED RATE		SERVICE UNIT		TOTAL UNIT		SCHOOL HOLIDAY CARE	
		SERVICE NAME		TO		REFERENCE									
CASE NUMBER		AUTHORIZATION				WORKER I.D.		REPORTING UNIT		SERVICE CODE					
5		SERVICE RECIPIENT		SERVICES PERIOD		AMOUNT AUTHORIZED		AUTHORIZED RATE		SERVICE UNIT		TOTAL UNIT		SCHOOL HOLIDAY CARE	
		SERVICE NAME		TO		REFERENCE									
CASE NUMBER		AUTHORIZATION				WORKER I.D.		REPORTING UNIT		SERVICE CODE					
6		SERVICE RECIPIENT		SERVICES PERIOD		AMOUNT AUTHORIZED		AUTHORIZED RATE		SERVICE UNIT		TOTAL UNIT		SCHOOL HOLIDAY CARE	
		SERVICE NAME		TO		REFERENCE									
CASE NUMBER		AUTHORIZATION				WORKER I.D.		REPORTING UNIT		SERVICE CODE					

**VENDOR'S CERTIFICATE:** When you submit this invoice for payment, you are certifying that the items and totals listed herein are proper charges for services, materials, or merchandise furnished to the State of Washington and that all services, materials, or merchandise rendered have been provided without discrimination because of race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, Vietnam era or disabled veterans status, or the presence of any sensory, mental, or physical handicap.

PAYEE SIGNATURE	PROVIDER SIGNATURE
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If mailing this invoice, make a copy for your records, attach postage and return to:  
DSHS 08-141 (REV. 03/2001)



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
1550 DATA CONTROL  
PO BOX 45889  
OLYMPIA WA 98504-5889

## SSPS INVOICE INSTRUCTIONS

## DEPENDABLE PAYMENT BY DIRECT DEPOSIT

To eliminate mail problems, use DIRECT DEPOSIT. For an application, write to: SSPS Direct Deposit Desk, PO Box 45812, Olympia WA 98504-4812 or go to: <http://www.dshs.wa.gov/ssps>. Also, visit Access Washington at <http://access.wa.gov> for more information on government services in Washington State.

## ● FAST PAYMENT

## PHONE IN YOUR INVOICE - PROCESS YOUR INVOICE QUICKLY BY TELEPHONE (Recommended!):

1. Fill out the invoice and sign it. Some services require two (2) signatures.
2. Call Invoice Express toll-free at 1-888-461-8855.
3. Listen carefully. Each time you make an entry, you will hear it repeated and be asked if the number is correct.
4. Stay on the telephone after finishing all items. You may review or directly submit for payment.
5. You will be asked to press the asterisk key when finished. You will then hear a confirmation message.
6. IMPORTANT: Do not hang up until you hear the message that your invoice was successfully submitted.
7. Keep the invoice and remittance advice.

## NOTE:

- Use a touch-tone telephone.
- Enter zero only when you should **NOT** be paid.
- Do **NOT** mail your invoice after calling Invoice Express.
- If you phone in an invoice already processed, you will hear a message that processing has already occurred.

## ● PAYMENT BY PHYSICAL MAIL

**MAIL IN YOUR INVOICE - Process your invoice by mail with your own postage.** Fill out the invoice as follows. Make a copy for your records.

## WHITE BOXES

Authorized Rate: DO NOT FILL IN THIS BOX UNLESS YOU ARE CLAIMING A RATE LOWER THAN IS PRINTED.

School Holiday Care: This box is only for hourly child care for a school age child when you have provided care during school holidays. Enter the number of extra hours of care you provided during school holidays.

## BOLDED BOXES

Service Unit: Each (EA), Hour (HR), Day (DA), and Mile (MI) are preprinted and cannot be changed.

If the Service Unit is MONTH (MON) and you provided service for the full SERVICE PERIOD enter MON in the bolded Service Unit box. If you are claiming less than the full SERVICE PERIOD, enter DA for Day in the service unit box. Then enter the number of days care was provided in the Total Units box. **NOTE:** If you enter DA in the Service Unit box and then claim more days than are in the service period, the invoice will reject, preventing payment until correction.

Total Units: Enter the number of units provided. If service was not provided, enter 0. For a daily service, count every day, including the begin day and the end day. For example: 6-10 - 6-20 is 11 days, not 10.

ENTER WHOLE NUMBERS ONLY (no fractions or decimals).

## SIGNATURE BOXES

Payee: A SIGNATURE IS ALWAYS REQUIRED.

Provider: The Social Service Notice will tell you when two signatures are required.

## CAUTION

- Do NOT leave a bolded box blank or the invoice will be mailed back to you, delaying payment.
- Do NOT send notes or attach anything to the invoice.
- Do NOT cross out pre-typed information.
- Do NOT write in changes other than those specifically allowed for above.
- PUT POSTAGE ON THE ENVELOPE BEFORE MAILING.

Why isn't my payment any quicker than it is?

According to the state constitution, the state cannot pay for a service until the service is complete. Payment to a vendor is considered timely if made within 30 days of the receipt of a properly completed invoice plus mail time, according to RCW 39.76.010. **SSPS makes it a top priority to not only pay faster than required, but to pay as fast as is technically and legally possible.** The social service worker does need to authorize services within deadlines to have an invoice generated.

For more information on SSPS, visit our web site at: <http://www.dshs.wa.gov/ssps>. For Washington State government information and services, visit <http://access.wa.gov>.